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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/07/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Removal of loose body--Left

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male who reported an injury on xx/xx/xx when he was involved in a motor vehicle accident. The clinical note dated 12/10/14 indicates the patient complaining of left shoulder and left rib pain. There is an indication the patient had presented to the emergency room following the initial incident where he was medicated. The patient had complaints of localized pain, weakness, spasms, and swelling. The patient described the pain as a dull and aching sensation with a throbbing quality. Upon exam, the patient was able to demonstrate 5/5 strength throughout both upper extremities. The note also indicates the patient able to demonstrate full range of motion throughout both upper extremities. The patient had utilized Tramadol for pain relief. X-rays of the left elbow dated 11/23/14 revealed no acute fracture or dislocations. No foreign objects were identified. X-rays of the left forearm from the same date revealed no acute fracture or dislocations. No obvious soft tissue or calcifications were identified. X-rays of the left humerus from the same date revealed a scapula fracture. The humerus was intact with no foreign objects identified. The therapy note dated 02/16/15 indicates the patient having completed 9 physical therapy sessions to date. The clinical note dated 03/04/15 indicates the patient stating that his strength and mobility have increased. There does appear to be an improvement with the patient's left elbow as well. The note does indicate the patient having a painful mobile mass at the lateral tissue of the left elbow. The clinical note dated 03/25/15 indicates the patient continuing with an irritation at the left elbow. There is an indication when the patient sustained the initial injury that gravel and glass had become embedded in the soft tissues. The clinical note dated 04/16/15 indicates the patient having a large piece of glass approximately 2cm in size. The patient reported an irritation associated within the soft tissue. The patient was being recommended for surgical removal as an outpatient.

The utilization review dated 03/16/15 resulted in a non-certification as no objective findings were identified confirming a foreign body at the left elbow.

The utilization review dated 04/15/15 resulted in a denial as no information was submitted regarding

any functional deficits as a result of a foreign body.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The documentation indicates the patient complaining of ongoing left elbow pain following an incident involving a motor vehicle accident. There is an indication in the more recent clinical notes regarding a piece of glass measuring approximately 2cm in size. However, the clinical notes do indicate the patient able to demonstrate 5/5 strength with no range of motion deficits. Furthermore, the submitted imaging studies revealed no foreign body at the left elbow, humerus, or forearm. Given the x-ray results involving the forearm, elbow, and humerus and taking into account the date of injury as well as the lack of current clinical findings confirming the patient's functional deficits at the left elbow, this request is not fully indicated as medically necessary. As such, it is the opinion of this reviewer that the request for removal of a loose body from the left elbow is non-certified.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for Management of Chronic Low Back Pain

- ☐ Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)